



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: JOHNSON MEMORIAL HOSPITAL

City of Hospital: Franklin

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Chris Pickett

Email Address: cpickett@johnsonmemorial.org

Medicare Provider Number: 15-0001

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$49332601
Outpatient Patient Service Revenue	\$154040550
Total Gross Patient Service Revenue	\$203373151

2. Deductions From Revenue

Contractual Allowance	\$129849768
Other Deductions	\$14066483
Total Deductions	\$143916251

3. Total Operating Revenue

Net Patient Service Revenue	\$69688435
Other Operating Revenue	\$12822789
Total Operating Revenue	\$82511224

4. Operating Expenses

Salaries and Wages	\$39622574	Employee Benefits	\$8823512
Depreciation and Amortization	\$5136570	Interest Expense	\$10002
Bad Debt	\$10231535	Other Expenses	\$23537484
Total Operating Expenses	\$87361677		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-4850452	Total Assets	\$175705980
Net Non-operating Gains over Loss	\$-485611	Total Liabilities	\$85258840

Total Net Gains	\$-5336063
-----------------	------------

Statement Two: Contractual Allowance
--------------------------------------

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$86820020	\$68725667	\$18094353
Medicaid	\$20932009	\$16927164	\$4004845
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$95621122	\$44387358	\$51233764
Total	\$203373151	\$130040189	\$73332962

Statement Three: Donations Statement
--------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$8000	\$0	\$8000

Statement Four: Research Statement
------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	N/A	N/A	\$0

Statement Five: Education Statement
-------------------------------------

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$183799	\$-183799
Hospital Patients	\$82574	\$93471	\$-10897
Community Education	\$0	\$207714	\$-207714

Number of Medical Professionals Trained	1950
Number of Hospital Patients Educated	2085
Number of Citizens Exposed to Health Education Messages	8686

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$3834949
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2300969	
HCI Payments	\$0		
Subtotal	\$0	\$2300969	\$-2300969
Medicaid Shortfalls	\$2355198	\$8617761	
Subtotal	\$2355198	\$10918730	\$-8563532
DSH Payments	\$655,635		
Subtotal	\$3010833	\$10918730	\$-7907897
Medicare Shortfalls	\$17152059	\$51658044	
Other Government Programs	\$1106946	\$4290360	
Total	\$21269838	\$66867134	\$-45597296

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	N/A	N/A	\$0
Community Assessment	N/A	N/A	\$0
Provision of Taxes	N/A	N/A	\$0
Other Allocations	N/A	N/A	\$0

Comments

System Conversion. Data provided from pre-audit financials.

//